

Background Information

Last	First	Middle
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Previous / Maiden Name / other names used

Street Address			
City	State	Zip Code	Phone Number

Previous Street Address			
City	State	Zip Code	Phone Number

Height	Weight	Hair Color	Eye Color	Race
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DOB / YYYY-MM-DD	Social Security Number	Circle one M / F
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Drivers License # / Issuing State	Unit of Assignment	Pay Grade
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Pay Entry Base Date	Dependents	MOS/AFSC	Counterdrug Duty Location
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A thorough personal history background investigation will be completed prior to any job offer. Although the following information is optional at the time of application, this information must be provided prior to the background investigation and job offer. This information will remain confidential and be used for background investigation purpose and as allowed by law.

Note to the Applicant: The existence of any of the conditions listed below may result in rejection from selection process.

I. Drug Usage

Yes / No
() () **A. MARIJUANA**
Any use of marijuana

Yes / No
() () **B. DANGEROUS DRUGS/NARCOTICS/VAPOROUS SUBSTANCES**
Illegal use of dangerous drugs, narcotics, or vaporous substances.

Dangerous drugs and/or narcotics include **hashish, cocaine/crack, amphetamines/barbiturates, LSD/acid PCP/angel dust, magic mushrooms, ecstasy, etc. Anabolic steroids** have been considered dangerous drugs since January 1, 1994.

Yes / No
() () **C. PEYOTE/MESCALINE**
Illegal use of peyote or mescaline .

Yes / No
() () **D. HEROIN**
Any use of heroin at any time.

Yes / No
() () **E. SALE, PRODUCTION, CULTIVATION, OR TRANSPORTATION FOR SALE OF ILLEGAL DRUGS**

